

**Megan Davis**

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**From:** David Schretlen <dschret@jhmi.edu>  
**Sent:** Wednesday, April 20, 2016 4:44 PM  
**To:** Megan Davis  
**Subject:** Talbot IME

Ms. Davis,

If I see Mr. Talbot for a neuropsychological examination, the scope of that assessment would include a detailed clinical interview, one that covers not only the plaintiff's symptoms and treatment since the accident, but also his pre-accident history, including his family, social/developmental, educational, work, medical, and psychiatric history. My interview normally takes 2–3 hours.

In addition, I would have a licensed psychometrist or postdoctoral resident administer a battery of cognitive and psychological tests. The tests I would use for my assessment are all widely-recognized instruments with sound psychometric properties, acceptable reliability, and well-documented validity. Specifically, they would include tests of intelligence, academic achievement, processing and psychomotor speed, attention and working memory, expressive language, visual-perceptual and visual-constructional abilities, executive functioning, episodic memory, and cognitive effort. The precise mix of tests can vary depending on an examinee's complaints, history, and clinical presentation. I also would administer some self-report measures to assess psychiatric symptoms, behavior problems, personality, and everyday adaptive functioning. If the plaintiff agrees, I would like to interview a family member or other informant who has known him well and has had frequent contact with him both before and since his accident. I would ask this person to complete two or three brief rating scales to quantify his or her observations.

I am not willing to specify a priori exactly which tests I will administer. Requiring me to do so would be analogous to requiring a radiologist to specify exactly which MRI pulse sequences and acquisition parameters he or she would include in a radiographic study.

Thank you,

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